

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF HAGEDORN

ADDRESS (number and street)

11 CIVIC CENTER PLZ STE 007

Check if different
than previously
reported. (ACC)

MANKATO

MN

56001-7710

2. FEC IDENTIFICATION NUMBER ▼

C C00550707

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MN

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DOUGLAS R HITZEMANN

Signature of Treasurer

DOUGLAS R HITZEMANN

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

10

15

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 34

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

FRIENDS OF HAGEDORN

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	16345.00	62609.91
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	16345.00	62609.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	31676.32	52400.95
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	359.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	31676.32	52041.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11362.65	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	23000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 34

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF HAGEDORN

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

7850.00

49410.00

(ii) Unitemized.....

6275.00

8625.00

(iii) TOTAL of contributions from individuals ▶

14125.00

58035.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

2220.00

4574.91

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

16345.00

62609.91

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

11583.52

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

11583.52

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

359.20

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

16345.00

74552.63

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 34

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	31676.32	52400.95
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	8583.52	8583.52
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	8583.52	8583.52
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	3960.30
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	40259.84	64944.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	35277.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	16345.00
25. SUBTOTAL (add Line 23 and Line 24).....	51622.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	40259.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11362.65

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. KEITH ALEXANDER

Mailing Address 5225 MEADOW CROSSING RD SW

City

ROCHESTER

State

MN

Zip Code

55902

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2015

Transaction ID : SA11AI.5996

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. SAMUEL ARSERS

Mailing Address 1812 SOUTHRIDGE RD

City

NEW ULM

State

MN

Zip Code

56073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2015

Transaction ID : SA11AI.5967

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. GORDON AWSUMB

Mailing Address 1207 RIVER DRIVE

City

RIVER HILLS

State

WI

Zip Code

54022

FEC ID number of contributing
federal political committee.

C

Name of Employer

MANKATO PLACE MALL

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.5993

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1550.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
KEITH BREITBARTH

Mailing Address 33322 240TH ST

City State Zip Code
WINNEBAGO MN 56098

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INDUSTRIAL FABRICATION SERVICE WELDER

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
07 27 2015

Transaction ID : SA11AI.5847

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DEAN COMPART

Mailing Address 40750 441ST AVE

City State Zip Code
NICOLLET MN 56074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF FARMER

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M / D D / Y Y Y Y
07 28 2015

Transaction ID : SA11AI.5846

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
DANIEL DOCKHAM

Mailing Address 201 PALANCAR AVE

City State Zip Code
MANKATO MN 56001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MAYO CLINIC PHYSICIAN

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
09 29 2015

Transaction ID : SA11AI.5980

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial) RICHARD DRAHEIM			Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 4450 WASHINGTON BLVD			Transaction ID : SA11AI.5971	
City	State	Zip Code		
MADISON LAKE	MN	56063		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer COMMUNITY GROUP		Occupation BROKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) MYRON ERSTAD			Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2015	
Mailing Address 205 PALANCOR AVE			Transaction ID : SA11AI.5982	
City	State	Zip Code		
MANKATO	MN	56001		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF		Occupation FINANCIAL ADVISOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) WILLIAM FREITAG			Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2015	
Mailing Address 901 ELTON AVE			Transaction ID : SA11AI.5976	
City	State	Zip Code		
ST JAMES	MN	56081		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer WILCON CONSTRUCTION		Occupation CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional).....			1000.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

BRAD FREKING

A.

Mailing Address 59185 790TH ST

City

ALPHA

State

MN

Zip Code

56111

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEW FASHION PORK

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		08		2015

Transaction ID : SA11AI.5865

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

KIM HUMMEL

B.

Mailing Address 235 COUNTY RD 51

City

JACKSON

State

MT

Zip Code

56143

FEC ID number of contributing
federal political committee.

C

Name of Employer

JACKSON COUNTY

Occupation

COUNTY COMMISSIONER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		08		2015

Transaction ID : SA11AI.5862

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

TERRY HUMMEL

C.

Mailing Address 235 COUNTY RD 51

City

JACKSON

State

MN

Zip Code

56143

FEC ID number of contributing
federal political committee.

C

Name of Employer

FULL TILT PERFORMANCE

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		08		2015

Transaction ID : SA11AI.5861

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial) JONATHAN KIETZER			Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2015	
Mailing Address 931 MADISON AVE			Transaction ID : SA11AI.5979	
City	State	Zip Code		
MANKATO	MN	56001		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer CENTURY 21 LANDMARK REALTORS		Occupation REAL ESTATE BROKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) BILL MARKS			Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2015	
Mailing Address 22922 N RIVERFRONT DR			Transaction ID : SA11AI.5970	
City	State	Zip Code		
MANKATO	MN	56001		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer MG BIOLOGICS		Occupation CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) MARK NOWAK			Date of Receipt M M / D D / Y Y Y Y Y 08 / 03 / 2015	
Mailing Address 15330 580TH AVE			Transaction ID : SA11AI.5850	
City	State	Zip Code		
WELLS	MN	56097		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer OWNER		Occupation NOWAK AG CONSULTING		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....			1000.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

FRANK PIERUCCINI

Mailing Address 871 FORESTVILLE MEADOWS DR

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAPPAPORT MGMTOccupation
ACCOUNTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		12		2015

Transaction ID : SA11AI.5840

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

FRANK PIERUCCINI

Mailing Address 871 FORESTVILLE MEADOWS DR

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAPPAPORT MGMTOccupation
ACCOUNTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		12		2015

Transaction ID : SA11AI.5849

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

FRANK PIERUCCINI

Mailing Address 871 FORESTVILLE MEADOWS DR

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAPPAPORT MGMTOccupation
ACCOUNTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		12		2015

Transaction ID : SA11AI.5906

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

KYLE SMITH

Mailing Address 530 S FRONT ST

City

MANKATO

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer
GROWTH HOLDINGSOccupation
MANAGER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		13		2015

Transaction ID : SA11AI.5952

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

WESLEY VOGT

Mailing Address 301 N 3RD ST

City

TRUMAN

State

MN

Zip Code

56088

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		03		2015

Transaction ID : SA11AI.5860

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JOSEPH WEIS

Mailing Address 2227 7TH ST NW

City

ROCHESTER

State

MN

Zip Code

55901

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEIS BUILDERS, INCOccupation
CHAIRMAN EMERITUS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		21		2015

Transaction ID : SA11AI.5954

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

7850.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 34

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
JAMES HAGEDORN

Mailing Address **PO BOX 63**

City **BLUE EARTH** State **MN** Zip Code **56013**

FEC ID number of contributing federal political committee. **C H0MN01045**

Name of Employer _____ Occupation _____

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify) _____

Election Cycle-to-Date
15698.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11D.6014

Amount of Each Receipt this Period

1750.00

In-kind - Mileage

B. Full Name (Last, First, Middle Initial)
JAMES HAGEDORN

Mailing Address **PO BOX 63**

City **BLUE EARTH** State **MN** Zip Code **56013**

FEC ID number of contributing federal political committee. **C H0MN01045**

Name of Employer _____ Occupation _____

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify) _____

Election Cycle-to-Date
16168.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11D.6016

Amount of Each Receipt this Period

470.00

In-kind - Postage and Meals

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C** _____

Name of Employer _____ Occupation _____

Receipt For: _____
☐ Primary ☐ General
☐ Other (specify) _____

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

--

SUBTOTAL of Receipts This Page (optional)**TOTAL** This Period (last page this line number only)

2220.00

2220.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 5555 HILTON AVE
SUITE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2015

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0	.									
											4	.	2	0					

Transaction ID : SB17.5912

B. ANEDOTMailing Address 5555 HILTON AVE
SUITE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0	.									
											1	9	.	3	4				

Transaction ID : SB17.6013

C. BLUE EARTH GRAPHICS

Mailing Address 113 NORTH MAIN ST

City BLUE EARTH State MN Zip Code 56013

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2015

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0	.									
											1	1	6	4	.	9	4		

Transaction ID : SB17.5916

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1188.48

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. MICHAEL BRYAN

Mailing Address 1500 OLD COMPTON ROAD

City	State	Zip Code
HENRICO	VA	23238

Purpose of Disbursement
WEB DESIGN

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2015

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5914

B. MICHAEL BRYAN

Mailing Address 1500 OLD COMPTON ROAD

City	State	Zip Code
HENRICO	VA	23238

Purpose of Disbursement
WEB DESIGN

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5935

C. MICHAEL BRYAN

Mailing Address 1500 OLD COMPTON ROAD

City	State	Zip Code
HENRICO	VA	23238

Purpose of Disbursement
WEB DESIGN

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.6010

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
CAMPAIGN STAFF

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.5928

B. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
CAMPAIGN STAFF

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.5941

C. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

Amount of Each Disbursement this Period

365.00

Transaction ID : SB17.6011

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5365.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MN District: 01

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5933

B. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MN District: 01

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
08 / 28 / 2015

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5934

C. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MN District: 01

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2015

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.6007

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MN District: 01

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
09 / 18 / 2015

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.6008

B. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
In-kind - Mileage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MN District: 01

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Disbursement this Period

1750.00

Transaction ID : SB17.6015

C. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
In-kind - Postage and Meals

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MN District: 01

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Disbursement this Period

470.00

Transaction ID : SB17.6017

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2720.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. JAMES HAHN

Mailing Address 226 S FRANKLIN ST

City	State	Zip Code
NEW ULM	MN	56073

Purpose of Disbursement
CAMPAIGN STAFF

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.5940

B. DOUGLAS R HITZEMANN

Mailing Address 148 LYNX LN

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
ACCOUNTING - FEC

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5930

C. DOUGLAS R HITZEMANN

Mailing Address 148 LYNX LN

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

110.50

Transaction ID : SB17.5942

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3110.50

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. DOUGLAS R HITZEMANN

Mailing Address 148 LYNX LN

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
ACCOUNTING - FEC

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.5943

B. NATION BUILDER

Mailing Address 448 S HILL ST

City	State	Zip Code
LOS ANGELES	CA	90013

Purpose of Disbursement
WEB MANAGEMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2015

Amount of Each Disbursement this Period

99.00

Transaction ID : SB17.5913

C. NATION BUILDER

Mailing Address 448 S HILL ST

City	State	Zip Code
LOS ANGELES	CA	90013

Purpose of Disbursement
WEB MANAGEMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2015

Amount of Each Disbursement this Period

99.00

Transaction ID : SB17.5932

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

648.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. NATION BUILDER

Mailing Address 448 S HILL ST

City
LOS ANGELESState
CAZip Code
90013Purpose of Disbursement
WEB MANAGEMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

99.00

Transaction ID : SB17.5944

B. P2B STRATEGIESMailing Address 4750 E 53RD ST
SUITE 206City
MINNEAPOLISState
MNZip Code
56001Purpose of Disbursement
CAMPAIGN CONSULTANT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2015

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.5925

C. P2B STRATEGIESMailing Address 4750 E 53RD ST
SUITE 206City
MINNEAPOLISState
MNZip Code
56001Purpose of Disbursement
CAMPAIGN CONSULTANT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2015

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.5938

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8099.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. P2B STRATEGIESMailing Address 4750 E 53RD ST
SUITE 206

City MINNEAPOLIS State MN Zip Code 56001

Purpose of Disbursement
CAMPAIGN CONSULTANT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		01		2015

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.5939

B. UNITED STATES POSTAL SERVICE

Mailing Address

City BLUE EARTH State MN Zip Code 56013

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

Amount of Each Disbursement this Period

552.41

Transaction ID : SB17.6009

C. VERIZON WIRELESS

Mailing Address PO BOX 4002

City ACWORTH State GA Zip Code 30101

Purpose of Disbursement
CELL PHONE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2015

Amount of Each Disbursement this Period

64.31

Transaction ID : SB17.5910

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4616.72

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 34

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
LOAN REPAYMENT

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MN District: 01

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Disbursement this Period

2600.00

Transaction ID : SB19A.5921

B. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
LOAN REPAYMENT

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MN District: 01

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB19A.5922

C. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
LOAN REPAYMENT

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MN District: 01

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Disbursement this Period

683.52

Transaction ID : SB19A.5923

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4783.52

SCHEDULE C (FEC Form 3)
LOANS

PAGE 25 OF 34

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4646

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JAMES HAGEDORN

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3000.00

0.00

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
07 / 29 / 2014

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 26 OF 34

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4647

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JAMES HAGEDORN

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

3500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 30 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 27 OF 34

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4661

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 05 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

6000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 28 OF 34

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5310

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JAMES HAGEDORN

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 24 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 29 OF 34

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5627

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

JAMES HAGEDORN

[PERSONAL FUNDS]

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 10 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 30 OF 34

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5633

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

JAMES HAGEDORN

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 17 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 31 OF 34

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5681

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

2600.00

Cumulative Payment To Date

2600.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 29 / 2015

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 32 OF 34

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5685

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

JAMES HAGEDORN

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

1500.00

Cumulative Payment To Date

1500.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 15 / 2015

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 33 OF 34

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5818

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

JAMES HAGEDORN

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

683.52

Cumulative Payment To Date

683.52

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 08 / 2015

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 34 OF 34

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5770

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

JAMES HAGEDORN

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

3800.00

Cumulative Payment To Date

3800.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 12 / 2015

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

23000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.